

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	VESERA		
FIRST NAME	JEA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MALANGUIS		
3. DATE OF BIRTH (mm/dd/yyyy)	8/10/2000	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	163 cm	17. RESIDENTIAL ADDRESS	N/A MABINI House/Block/Lot No. Street N/A EASTERN Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
8. WEIGHT (kg)	52 kg	ZIP CODE	6524
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A MABINI House/Block/Lot No. Street N/A EASTERN Subdivision/Village Barangay HILONGOS LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6524
11. PAG-IBIG ID NO.	N/A	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	N/A	20. MOBILE NO.	+639694402204
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	jeavsera@gmail.com
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	VESERA		N/A	N/A
FIRST NAME	ELPEDIO	JR.	N/A	N/A
MIDDLE NAME	TOCO		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	MALANGUIS		N/A	N/A
FIRST NAME	MARINEL		N/A	N/A
MIDDLE NAME	DIÑO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GRELINA OSMEÑA CHRISTIAN COLLEGE	ELEMENTARY BASIC EDUCATION	2007	2013		2013	95
SECONDARY	GRELINA OSMEÑA CHRISTIAN COLLEGE	SECONDARY BASIC EDUCATION	2013	2017		2017	WITH HIGH HONORS
VOCATIONAL / TRADE COURSE	GRELINA OSMEÑA CHRISTIAN COLLEGE	GENERAL ACADEMIC STRAND	2017	2019		2019	WITH HIGH HONORS
COLLEGE	VISAYAS STATE UNIVERSITY	BIOTECHNOLOGY MAJOR IN INDUSTRIAL BIOTECHNOLOGY	2019	2023		2023	DA- BIOTECH SCHOLAR
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 14, 2023
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[illegible]

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	August 18, 2023
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	SUMMER YOUTH CAMP ORGANIZATION	05/29/2019	Present		VICE PRESIDENT
	KESWICK CONFERENCE EASTERN VISAYAS FELLOWSHIP OF FUNDAMENTAL BAPTIST CHURCHES	12/27/2019	12/27/2021		SECRETARY
	STUDENT ELECTORAL BOARD	9/7/2016	3/21/2019		SECRETARY
	RIPPLES SCHOOL PAPER IN GRELINA OSMEÑA CHRISTIAN COLLEGE	6/13/2016	3/23/2018		WRITER AND EDITOR
	CIVIC WELFARE TRAINING SERVICE	8/27/2019	5/8/2020		SECRETARY
	JUNIOR DEPARTMENT-BASED GUIDANCE FACILITATOR	12/10/2020	3/8/2023		GUIDANCE COUNSELOR
	Terrestrial and Aquatic Restorations by Students Immersed in Environmental Reform (TARSIEDP)	09/23/2022	3/8/2023		AFFILIATE MEMBER

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED


[illegible]

VIII. OTHER INFORMATION

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31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Playing musical instruments (Piano, violin, guitar)	N/A	N/A
Reading		
Watching documentaries		
Hiking		
Diving		
Cooking		

SIGNATURE		DATE	August 14, 2023
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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.									
NAME	ADDRESS	TEL. NO.											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;"><i>PLEASE INDICATE ID Number and Date of Issuance</i></td> </tr> <tr> <td style="padding: 2px;">Government Issued ID:</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.:</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance:</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	<i>PLEASE INDICATE ID Number and Date of Issuance</i>	Government Issued ID:	ID/License/Passport No.:	Date/Place of Issuance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 100px; vertical-align: bottom; text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished					
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<p style="text-align: center;">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; text-align: center;">Person Administering Oath</div> </div>													



PHOTO

Right Thumbmark